

IN THE COUNTY COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

ROBERT JONES

PLAINTIFF

VS.

CIVIL ACTION NO: 18-4937

WAFFLE HOUSE, INC.

DEFENDANT

COMPLAINT WITH DISCOVERY ATTACHED
(JURY TRIAL DEMANDED)

COMES NOW, Robert Jones, by and through undersigned counsel, and files this her Complaint for damages and other relief against the Defendant Waffle House, Inc., and in support hereof, Plaintiff would show unto the Court the following to-wit:

PARTIES

1. That the Plaintiff, Robert Jones, is an adult resident citizen of Hinds County, Mississippi.
2. That the Defendant, Waffle House, Inc, is a Domestic Profit Corporation formed under the laws of the State of Mississippi. Process may be served upon this Defendant by serving its Chief Executive Officer, Mitzi Tate, 107 Marketridge Drive, Ridgeland, MS, 39157.

JURISDICTION AND VENUE

3. This civil action arises out of the negligent acts and omissions of the Defendant which were committed in whole or in part in the State of Mississippi against residents of the State of Mississippi. This Court has personal jurisdiction over the parties.
4. Venue is proper in the County Court of the Hinds County, Mississippi, since the cause of action arose and accrued there.

FACTS

EXHIBIT A

5. On or about the afternoon of June 28, 2018, Plaintiff was walking to the restroom when he believes a substance on the floor caused him to slip and fall.

6. At all relevant times, the Defendants owned, possessed, controlled, and/or managed Waffle House, Inc., where Plaintiff received his injuries.

7. Pursuant to agreement between the Defendant and/or their agents or employees, on one part, and the Plaintiff, on the other part, he was an invitee of the facility, at all times relevant.

8. Before June 28, 2018, the Defendant knew or should have known that the air vent was leaking water making it not reasonably safe. Despite their knowledge of these conditions, the Defendant did nothing to remedy or repair these unsafe conditions and inadequacies.

9. Contributing and/or proximate factors or causes of the injuries sustained by the Plaintiff include, but are not limited to, the unreasonably dangerous common areas, including the law of proper instruction and unreasonably dangerous conditions.

CAUSE OF ACTION

I.

FAILURE TO PROVIDE REASONABLY SAFE PREMISES

10. Plaintiff adopts by reference the foregoing paragraphs.
11. The Defendant owed to Plaintiff an ordinary duty of care, specifically the duty to provide reasonable safety measures for the protection of the Plaintiff.
12. At the time of the injury to Plaintiff, Defendant failed to fulfill their duties of ordinary, reasonable care including failure to take reasonable safety precautions or measures to maintain Plaintiff's safety.

II.

FAILURE TO WARN

13. Plaintiff adopts by reference the foregoing paragraphs.

14. The Defendant owed to Plaintiff a duty to warn of known dangers or those dangers that with reasonable diligence they should have known.

15. The Defendant breached said duty owed to the Plaintiff and was negligent by failing to warn Plaintiff of the foreseeable harm he suffered.

16. The actions on the part of Defendant rise to the level of gross negligence, malice, or an intentional tort thereby subjecting the Defendant to individual liability.

17. Plaintiff's injuries occurred as a direct result and proximate consequence of all Defendants' negligence, breach of the duty of care. As a result of these Defendant's acts, omissions and misrepresentations, Plaintiff has been severely injured.

DAMAGES

18. Plaintiff adopts by reference the foregoing paragraphs.

19. Plaintiff seeks damages for severe and permanent mental and physical pain and suffering, emotional distress, medical expenses and inconvenience. Plaintiff demands actual, compensatory, incidental and consequential damages in an amount in excess of the jurisdictional minimum of this Court.

20. Defendants' actions, omissions and conduct were done without just cause and in reckless, conscious and/or knowing disregard for Plaintiff's rights and personal safety. Moreover, Defendants' actions, omissions and conduct constituted gross negligence. Plaintiff requests an award of punitive damages in an amount to deter the Defendants from similar or like conduct.

WHEREFORE PREMISES CONSIDERED, Plaintiff requests a trial by jury and demand from Defendant actual, compensatory, consequential and incidental damages in an amount of \$80,000.00 inclusive of all expenses, interest and costs and such other relief as the Court and the jury deem just.

RESPECTFULLY SUBMITTED, this the 6th day of December 2018.

ROBERT JONES

BY: 

DAMON R. STEVENSON, MSB# 102945
COUNSEL FOR PLAINTIFF

OF COUNSEL:

STEVENSON LEGAL GROUP, PLLC
1010 N. West Street
Jackson, Mississippi 39202
Telephone (769) 251-0207
Facsimile (601) 608-7872

COVER SHEET		Court Identification Docket #		Case Year	Docket Number
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">00</div>	<div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">18</div>	<div style="border: 1px solid black; padding: 2px;">49</div> <div style="border: 1px solid black; padding: 2px;">317</div>	<div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div>
		<div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">18</div>			
		County # Judicial District Court ID (CH, CI, CO)			
		Month Date Year			
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2016)		Case Number if filed prior to 1/1/94	
In the <u>County</u>		Court of <u>Hinds</u>		County - <u>First</u> Judicial District	
Origin of Suit (Place an "X" in one box only)					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Remanded		<input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Reopened		<input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal	
<input type="checkbox"/> Other					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form					
Individual <u>Jones</u> Last Name <u>Robert</u> First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV					
Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
Estate of _____					
Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
D/B/A or Agency _____					
Business					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:					
D/B/A _____					
Address of Plaintiff <u>1010 North West Street Jackson, MS 39202</u>					
Attorney (Name & Address) <u>Damon R. Stevenson</u> MS Bar No. <u>102945</u>					
Check (x) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: _____					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form					
Individual _____ Last Name _____ First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV					
Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
Estate of _____					
Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
D/B/A or Agency _____					
Business					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below:					
D/B/A _____					
Attorney (Name & Address) - If Known _____ MS Bar No. _____					
Check (x) if child support is contemplated as an issue in this suit.*					
*If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations		Business/Commercial		Children/Minors - Non-Domestic	
<input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____		<input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	
Appeals		Probate		Civil Rights	
<input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____		<input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)		<input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____	
		Contract		Real Property	
		<input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____		<input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____	
		Statutes/Rules		Torts	
		<input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____		<input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input checked="" type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____	

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DEFENDANT

SUMMONS

TO: WAFFLE HOUSE, INC.
C/O CORPORATION SERVICE COMPANY
7716 OLD CANTON ROAD, SUITE C
MADISON, MS 39110

NOTICE TO DEFENDANT

The Complaint which is attached to this summons is important and you must take immediate action to protect your rights.

You are required to mail or hand-deliver a copy of a written response to the Complaint to **Damon R. Stevenson**, attorney for the Plaintiff, who post office address is **Stevenson Legal Group, PLLC**, and whose street address is **1010 N. West St. Jackson, MS 39202**. Your response must be mailed or delivered within (30) days from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and the seal of said Court, this 10th day of Dec., 2018.

Zack Wallace
County Clerk of Hinds County, MS

By: [Signature]

Deputy Clerk

